

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

Page 1 of 4

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	8	2.15.2022	MAX'S RESTAURANT GUAM
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	9:15 AM	12:00 PM
Investigation			A	SANITARY PERMIT NO.	LOCATION (Address)
Other:				21000077	1086 W. MARINE CORPS DR, MICRONESIA MALL
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RESTAURANT			T	919-6291	1
					RISK CATEGORY
					3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	IN	OUT			Food obtained from approved source	6
10	IN	OUT	N/A	N/O	Food received at proper temperature	6
11	IN	OUT			Food in good condition, safe, and unadulterated	6
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	IN	OUT	N/A		Food separated and protected	6
14	IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	IN	OUT	N/A		Proper cold holding temperatures	6
21	IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
Chemical						
24	IN	OUT	N/A		Food additives: approved and properly used	6
25	IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	X		Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44	X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) BERNADETH NACAR
 DEH Inspector (Print and Sign) T. SHIMIZU EPD I

Date: _____
 Follow-up (Circle one): YES NO Follow-up Date: 2/25/2022

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 2 of 4

ESTABLISHMENT NAME MAX'S RESTAURANT GUAM	LOCATION (Address) SEE PAGE 1
INSPECTION DATE 2 / 15 / 2022	SANITARY PERMIT NO. 210000717
PERMIT HOLDER SEE PAGE 1	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
COOKED WHOLE CHICKEN / STAND UP CHILLER ^{WHITE #1}	60.5		
COOKED BEEF SHANK / " "	57.3		
COOKED PORK BELLY / BLAST CHILLER	38.5		
KAREPAPE SAUCE / BLAST CHILLER	36.0		
RAW MARINATED PORK BELLY / BLAST CHILLER	38.5		
COOKED GARLIC RICE / DISPATCH WARMER	142.0		
COOKED PORK / STAND UP CHILLER	34.5		
RAW MARINATED PORK BELLY / STAND CHILLER	38.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A REGULAR INSPECTION WAS CONDUCTED TODAY IN RESPONSE TO COMPLAINT NO. 21-002, "LECHON KAWALI WAS FROZEN INSIDE WHEN BITING INTO IT" AND COMPLAINT NO. 21-045 "MEAT PRODUCE BEING UNLOADED FROM NON-REFRIGERATED TRUCK." COMPLAINT WAS NOT OBSERVED AT TIME OF INSPECTION. REVIEWED - IS OBSERVED DEEP FRYING OF PORK BELLY (LECHON KAWALI) TO 176.5 °F, WITHIN APPROPRIATE COOKING TEMPERATURE. REVIEWED VENDOR INVOICES, AND ALL ARE APPROVED SOURCES.

PREVIOUS INSPECTION ON 3/24/2020 RESULTED IN O/A.

THE FOLLOWING VIOLATIONS WERE OBSERVED:

- #8 TWO OUT OF THREE HANDWASHING SINKS IN DISREPAIR. STORING UNNECESSARY ITEMS AT SINK, PREVENTING ACCESS. 2/25/22
- ALL HANDWASHING SINKS SHALL BE ACCESSIBLE, AND MAINTAINED IN GOOD REPAIR TO PROMOTE PROPER HANDWASHING HYGIENE PRACTICES AND TO PREVENT CROSS-CONTAMINATION.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

BERNADETH NIACAR

Date:

DEH Inspector (Print and Sign)

T. SHIMIZU

Date:

2/15/2022

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 3 of 4

ESTABLISHMENT NAME

MAX'S RESTAURANT GUAM

LOCATION (Address)

SEE PAGE 1

INSPECTION DATE

2, 15, 2022

SANITARY PERMIT NO.

21000777

PERMIT HOLDER

SEE PAGE 1

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

CORRECT BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#20	POTENTIALLY HAZARDOUS FOOD (PHF) / TIME-TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS NOT COLD HELD AT THE PROPER TEMPERATURE OF 41°F AND BELOW. (i.e. COOKED WHOLE CHICKEN AND BEEF SHANK) ALL PHF/TCS SHALL BE COLD HELD AT 41°F AND BELOW TO PREVENT THE GROWTH OF PATHOGENS AND PREVENT FOODBORNE ILLNESS THAT MAY CAUSE FOOD BORNE ILLNESS. CDS: THESE FOOD ITEMS WERE DISCARDED.	CDS
#25	RAID FOR RESIDENTIAL USE WAS FOUND AMONG OTHER CLEANING SUPPLIES. ONLY CHEMICALS APPROVED FOR COMMERCIAL USE IN KITCHENS SHALL BE ON-SITE, TO PREVENT CHEMICAL CROSS-CONTAMINATION. CDS: RAID WAS REMOVED FROM PREMISES.	CDS
#33	AMBIENT THERMOMETERS NOT PROVIDED FOR STAND-UP CHILLERS. ALL CHILLERS SHALL HAVE AMBIENT THERMOMETERS TO ENSURE PHF/TCS APPROPRIATE TEMPERATURES FOR COLD HOLDING ARE MAINTAINED, THEREBY HELPING TO PREVENT THE GROWTH OF PATHOGENS THAT CAUSE FOOD BORNE ILLNESS.	
#45	CHEMICAL TEST STRIPS NOT PROVIDED FOR MANUAL WAREWASHING SINK. CHEMICAL TEST STRIPS SHALL BE PROVIDED AND USED TO ENSURE APPROPRIATE CONCENTRATION OF CHEMICAL SANITIZER IF BEING USED.	3/17/22
#44	CUTTING BOARDS WITH DEEP CUT MARKS AND DISCOLORATION. ALL FOOD CONTACT SURFACES SHALL BE MADE SMOOTH AND EASILY CLEANABLE, AND PROPERLY DESIGNED AND CONSTRUCTED TO PREVENT CROSS CONTAMINATION.	CDS

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Person in Charge (Print and Sign)

BERNADETH NACAR

Date:

DEH Inspector (Print and Sign)

T. SHIMIZU

Date:

2/15/2022

White: DPHSS/DEH

Yellow: Food Establishment

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 4 of 4

ESTABLISHMENT NAME

MAX'S RESTAURANT GUAM

LOCATION (Address)

SEE PAGE 1

INSPECTION DATE

2, 15, 2022

SANITARY PERMIT NO.

210006 TT

PERMIT HOLDER

SEE PAGE 1

ITEM NO.

OBSERVATIONS AND CORRECTIVE ACTIONS

CORRECT
BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

PHOTOS WERE TAKEN.

"A" PLACARD NO. 02433 WAS REMOVED DURING DEEP SANITIZATION PROCESS; UNABLE TO LOCATE IT.

ISSUED AND POSTED "A" PLACARD NO. 03874.

DISCUSSED REPORT WITH PERSON-IN-CHARGE.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

BERNARDO NACAR

Date:

DEH Inspector (Print and Sign)

T. SHIMIZU EPHI I

Date:

2/15/2022



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

COVID-19 INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

MAX'S RESTAURANT GUAM

ADDRESS: Lot #, House/Apt. #, Street Name, Building Name:

1088 W. MARINE WERS DR, MICRONESIA MALL

INSPECTION/INVESTIGATION DATE/TIME:

2/15/2022 9:15AM

COMPLAINT #:

MUNICIPALITY/VILLAGE; SUBDIVISION:

DEDEDO

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS BASED ON TITLE 26 GUAM ADMINISTRATIVE RULES AND REGULATIONS (GARR)
CHAPTER 4, ARTICLE 28 COVID-19 PUBLIC HEALTH ENFORCEMENT REGULATIONS.

COMPLIANCE STATUS		REMARKS	Corrected on the spot (COS)	Repeat	Not applicable (N/A)
IN	OUT	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2022-08 (December 17, 2021) during the COVID-19 emergency.			
		The following were observed:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Requires all individuals who are 12 years and one month of age and older to show acceptable proof of vaccination to enter or work on their premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Prohibits indoor/outdoor services to individuals who fail to provide proof of vaccination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Posts signage for vaccination requirement in a conspicuous place viewable by patrons and employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Adheres to congregation and social gathering limitations on their premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Separates each group or table by a minimum of 6-feet physical distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Prohibits intermingling of individuals from different groups or tables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Requires and enforces mandatory use of face masks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Maintains contact logs of all staff and occupants of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Has a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Provides adequate hand washing/hand sanitizing supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Observations/Findings:			
		NO COVID VIOLATIONS OBSERVED.			

RECEIVED BY (Print & Sign):

BERNADETH NARANJO

DEH INSPECTOR (Print & Sign):

T. SHIMIZU

2/15/22